

# South Jordan City

## Concussion and Head Injury Report Form



Report Prepared by: \_\_\_\_\_

Date: \_\_\_\_\_

### Injured Participant

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### Injury Information Details

Location: \_\_\_\_\_

Sport: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Game ☐ Practice ☐ Other ☐

Describe the injury in detail. Attach additional pages or documentation if necessary:

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### Notifications

Parent/Guardian of Injured: \_\_\_\_\_

Date Notified \_\_\_\_\_

Coach or Instructor \_\_\_\_\_

Date Notified \_\_\_\_\_

### For Administrative Use

South Jordan Staff: \_\_\_\_\_

Date: \_\_\_\_\_

Date Clearance Received \_\_\_\_\_